

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1PET (1738) FAX (602) 364-1039

VETBOARD.AZ.GOV

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NOV 06 2019

BY: 

**COMPLAINT INVESTIGATION FORM**

*If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian*

PLEASE PRINT OR TYPE

**FOR OFFICE USE ONLY**

Date Received: NOV. 6, 2019

Case Number: 20-45

**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: Monika Knoblich

Premise Name: All Creatures Veterinary

Premise Address: 655 E 4th Street

City: Benson

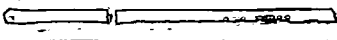
State: AZ

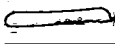
Zip Code: 85602

Telephone: 520-586-3777

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: Shalmarie Tulk

Address: 

City: 

State: 

Zip Code: 

Home Telephone: N/A

Cell Telephone: 

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

**C. PATIENT INFORMATION (1):**

Name: Payton's Pistol  
Breed/Species: AKC Pembroke Welsh Corgi  
Age: 1yr 7months Sex: Female Color: Red & White

**PATIENT INFORMATION (2):**

Name: N/A  
Breed/Species: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

*Please provide the name, address and phone number for each veterinarian.*

All Creatures- Dr. Monika Knoblich- 655 E 4th Street Benson, AZ 85602 (520)586-3777

Southern AZ Veterinary Specialty & Emergency Center- Dr. Luise King DVM- 7474 E Broadway Blvd Tucson, AZ 85710- (520) 888-3177

**E. WITNESS INFORMATION:**

*Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.*

Raini Jo Bobb - \_\_\_\_\_

Lisa Robertson - \_\_\_\_\_

John Moran - \_\_\_\_\_

Gary & Dianne Klein - \_\_\_\_\_ . Cell \_\_\_\_\_ - Home

Michelle Galindo- \_\_\_\_\_

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Shalmani Lujan

Date: Nov. 3, 2019





**F. ALLEGATIONS and/or CONCERNS:**

*Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.*

I Shalmarie Tulk owner of Payton's Pistol (1yr 7 months old) am requesting a refund for a unsuccessful and lethal C-section on Payton \$1037.50. Along with all invoices that followed everyday after that I took Payton back for them to see that something was dramatically wrong with her totaling \$339.50. The total cost I had to pay Southern AZ Veterinarian Specialty & Emergency Center \$2958.00 on 8/6/2019 to try and fix Dr. Monika Knoblich's damage to Payton and last \$1000.00 to purchase another AKC Pembroke Welsh Corgi female, Sable colored or red & white puppy, due to the careless loss of Payton which was out of my control and entrusted to someone who was suppose to be a professional Veterinarian, who after all facts and the certified letter I wrote her requesting her to not ignore my letter, (which is exactly what she has done.) Dr. Monika Knoblich has never cared to apologize, offer any condolences of any kind, not even mail a sympathy card. Instead all she has done is deny me of Payton's chart, what would it hurt, Payton is dead, she will never provide vet care for her again, she is the reason Payton is dead!

Just to compare the two Vets - Southern AZ Veterinary Specialty & Emergency Center, Dr. Luise King DVM was very compassionate even when I was so angry, mad, sad, devastated, beside myself over the loss of Payton and having to make the choice to put Payton to sleep or let her die on her own suffering in severe depression. I was so disrespectful, and full of hate and anger when I had to make that decision on the phone with Dr. Luise King. Despite all that, Dr. King thanked me for making the right decision before we hung up. Later that night when I went to pickup Payton's body there was a very sympathetic card of condolences and Payton's Paw print baked in clay. Dr. king told me if I ever needed to talk or just a hug I was always welcome to come by the center. That is how someone acts to anyone who has just suffered the loss of a wonderful pet. Dr. Monika is responsible for bringing all this upon me and has never said sorry or even mentioned Payton's name again to me, just said she was sorry the puppy died, well me too but what about Payton! My heart hurts so bad everyday!

Sincerely,

  
Shalmarie Tulk  
  
  


Dr. Monika

I want you to know am not ok with what your services did for Payton or myself. Never would I have thought that the end result of a C-section would have ended like it did with Payton's death. I deeply love and miss Payton so much! There is not a day or night that goes by that I don't grieve over the loss of Payton.

Payton was 1yr and 7 months old. She was way too young to die especially the way she did, considering how perfect and healthy she was.



Prior to me bringing Payton into you she had no health issues of any kind, or in her genetics. Blood work should have been done on her prior to the C-section surgery as well as being hydrated but not hydrated too much either. Her body had already been through hell just trying to have her puppies. Therefore, a vet should have been extra careful not to have taken a chance using a risky solution called "GENTOCIN" that you choose to use because you had nothing bad happen other times you had used it. Instead you should have used plain water and antibodies where there is no risk involved. Payton had 2 puppies inside her and you said 1 was dead when you opened her up. After the C-section you called me to come get her. I did. You mentioned that the 1 pup was dead, never mentioned that the other living puppy would have a hard time milking or mentioned anything critical about him or that he could easily die. You just acted like everything was fine and charged my credit card. To think that I actually shook your hand and smiled at you while saying thank you. I thanked you for what? (Killing my precious Payton.) I had no idea what was about to happen in the next several days.....

After Payton's C-section and when the anesthesia should have been wore off Payton would not eat or drink anything, was depressed, but most of all wobbly in her gate, throwing up non-stop. Starting the day after her C-section I kept bringing Payton into your clinic so you could see something was dramatically wrong with her. The last visit you finally did some blood work.

The blood work indicated that Acute Kidney Failure was going on. Payton had nothing like that going on in her perfectly healthy 1yr and 7 months of living. This was something she acquired since you performed the C-section. All this was caused by the toxic solution "GENTOCIN". Had you chosen not to take that risk Payton would still be here with me today. You said Payton needed 24 hr. care. I said ok tell me where to go and what to do and I will do it right now. You left the room with nothing more to say. Jessica your receptionist came back in with address of where to take Payton in Tucson. Jessica said she would be happy to keep the one living puppy for me if I wanted to concentrate on Payton. I asked her to write her phone number on top of the paper with Southern Az Veterinary Specialty & Emergency Center address on it where I was headed with Payton.

I quickly paid another bill to you and headed to Tucson. I definitely had an emergency with Payton. I had to leave Payton there. They said they would be taking sonograms of Payton's kidneys the next day. They said they would call me the next morning. I returned home with the puppy.

The Puppy was eating, drinking and going to the bathroom by Pecos (my male Pembroke Welsh Corgi, the Dad to the puppy) stimulating him like Payton would have done had she been there. The next morning one of the Doctors from Tucson Vet called to see if I was interested in doing Dialysis on Payton? Payton would have to go to San Diego, CA to get it done and the cost would be somewhere around \$10,000. There was no way that was financially possible for me to do. Later that night around 8pm the late night shift Doctor called to tell me Payton's kidneys were not making urine and that even if I had the money to go to San Diego Payton would not make the trip and probably would not make it through the night that her kidneys had shut down. She said I needed to make the choice to euthanize her or let her die on her own suffering. Payton was severely depressed. I had to make the choice. It makes me sick, sad, mad all the above!

Then at that moment the puppy all of a sudden felt limp like he had no life in him or was hanging on by a thread. I desperately called Jessica to see if she could take the puppy so I could go pick up Payton's body from the Tucson Vet. I meet her at circle K. I said please Jessica make this puppy live Payton's spirit will be in the puppy. I need him, whatever it takes please I pleaded. The next morning, she texted me and said the puppy made it through the night that he was a fighter. I was very happy about that. I called her later to see if we could meet so I could give her milk and see the puppy. She said she was going to a Doctor's appointment and he was going with her. She said she would call when she was done.

I waited all day. Finally, my phone rings. It was Jessica. I said hello Jessica are you ready to meet with the puppy? She said yes but that's not why am calling, the puppy didn't make it. I can't even tell you how devastated I was to hear this. At this point am wishing my life would end except I can't desert Pecos. Jessica met me at circle K again with the puppy dead in the same box she took him in. When she pulled up, I walked over to her vehicle, she got out walked towards me and handed me the box.

She never said sorry, I tried, I don't know what happened, go to hell or nothing! That right there alone is very strange. It was a trip like a second part to a never ending night mare!

I never received a phone call the whole time Payton was in Tucson at the Vet, showing concern or just following up on the situation. I guess of course I wouldn't when the whole thing could have been avoided had you not choose to take a risk and use "GENTOCIN".

I requested Payton's chart from Southern Az Veterinary, they sent it to me right away, never a problem. I requested the chart from you personally on the phone even told you I would give you time to get it together. All you want to do is argue about how you don't give charts out. The day I requested the chart from you all you said was you were sorry about the puppy and that you know Jessica tried hard to keep him alive. Never a sorry or anything about Payton! You don't realize or care how bad you have affected my life in the most negative way!

You know I had a breeding business just started "101 LEGENDS OF THE WEST CORGIS" all of it went up in smoke in one day cause of your careless choice. How would you have felt had that happen to you with your Vet business?

I am requesting that you do the most morally correct thing you could possibly do in a situation that you are responsible for and that is to replace my puppy with another full blooded AKC Pembroke Welsh Corgi female puppy, sable or red and white in color. This will be the only way for me to forgive, forget and move on without taking further action. Please do not ignore this letter or request.

Shalmarie Tulk

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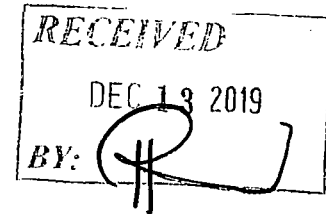
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December 8, 2019

Monika Knoblich, DVM, MS  
All Creatures Veterinary Service  
655 E. 4<sup>TH</sup> Street  
Benson, AZ 85602

Arizona State Veterinary Medical Examining Board  
1740 W. Adams Street  
Suite 4600  
Phoenix, AZ 85007



Re: 20-45

To Members of the Committee,

On the morning of August 1, 2019 the complainant, Shalmarie Tulk walked into All Creatures Veterinary Service (ACVS) without an appointment with an 18 month old Pembroke Corgi named Payton's Pistol. The complainant stated that the Payton is pregnant and in labor and has been actively pushing for the past 5 hours without producing a puppy. On presentation the patient was BAR but quiet. Her pulse was 110 bpm, she was panting and her temp was below normal at 98.9 F. Her MM were pink and moist and she was mildly hypersalivating. Her mammary chain and vulva were engorged but WNL. Vaginal exam revealed a normal presenting fetus cranial to the pelvic canal. The cervix palpated as dilated and the pelvis open. Vaginal exam and gentle massage of the cervix did not produce contractions. I gave the patient meloxicam (5mg/ml) 0.6 cc SQ and 0.5 cc oxytocin SQ. The patient had active contractions for only 1 to 2 minutes post oxytocin injection. After approximately 30 minutes without production of a pup I recommended a Cesarean Section. The owner was presented with an estimate for surgery. The owner declined the estimate due to financial constraints and informed me she would watch the patient until approximately 3 pm and if there were no active contractions or production of a pup then she would bring Payton back to ACVS for a C-section. I informed the owner that the prognosis for survival of the pup(s) and bitch will decline the longer she waits to do the C-section. I also informed the owner that my appointment schedule was full in the afternoon and I was not certain I would have time to do the surgery. I recommended that Shalmarie either call other vet clinics or go to one of the two emergency/specialty services in Tucson.

The owner returned at approximately 3 pm and told us she would like to do the C-section. I informed her that the surgery would be done after hours and that she would need to pick up the patient post-surgery as ACVS does not have overnight hospital staff. I informed the owner that upon pick up Payton would still be groggy post anesthesia and that Shalmarie would need to remain with and frequently check on the patient throughout the evening. Prior to surgery examination of Payton revealed the same findings as the morning exam except that the patient was visibly more depressed and weaker than on initial presentation. A C-section was performed on Payton's Pistol in the late afternoon. The surgery was routine and produced one viable pup and one deceased pup (the fetus that was previously vaginally palpated in the cervix). Recovery from anesthesia was routine and the owner picked up the bitch and one pup at approximately 7 pm. The owner was instructed on care of both the bitch post surgery as well

as on care of the pup. The deceased pup was placed in the freezer for pick up with Lasting Paws (cremation service). The owner was given discharge instructions and told that if there are any concerns to contact either of the two emergency services in Tucson (phone numbers and location are listed at the bottom of every ACVS invoice). The patient was sent home with Clavamox and Meloxicam.

ACVS staff called Shalmarie the following morning (8-2-19) to check on the status of Payton and the pup. There was no answer and the VM was full. Shalmarie called later that day and said that the pup was nursing but that Payton seemed wobbly and she vomited 3 times the previous night. We recommended she schedule a post-surgery recheck. On presentation the owner felt the wobbliness had improved but that Payton is still not eating or drinking. PE findings revealed that the patient was BAR but ataxic especially in the hind end. MM were pink but slightly tacky. The mammary chain was WNL and I was able to easily express normal milk (the pup was nursing in the exam room). Vaginal discharge and incision line were both WNL 1 day post C-section. Payton was given 400 ml of LRS SQ fluids and 1cc Vitamin B12 SQ. Owner was told to continue all meds as previously prescribed and if her condition does not improve by tomorrow morning she should consider going to an emergency service as ACVS is not open on the weekends.

Payton's pup presented on Monday 8-5-19 for dewclaw removal and tail docking. The pup was WNL and a routine dewclaw removal and tail docking were performed. Shalmarie informed us that Payton was still not eating well and the decision was made to send her home with an appetite stimulant (Entyce).

The owner returned the following morning, Tuesday 8-6-19, informing us that Payton was not doing well. On PE the patient was QAR and depressed. MM were pink but tacky. Heart and lungs ausculted WNL and abdomen palpated NSF. Vaginal discharge was absent. The patient was head twitching but nystagmus was absent. CBC revealed a mildly elevated WBC, lymphopenia, neutrophilia and mild hemoconcentration. A Chem 14 revealed a highly elevated BUN (155) and Creatinine (18.4) and Phosphorus (21). TP (9.5) and Globulin (5.7) were also elevated significantly. Potassium was low (3.1). I strongly recommended immediate referral to emergency/ICU. The patient was given 200 ml LRS SQ fluids and glucose rectally. The pup was dehydrated and weak and was given 10 cc LRS SQ fluids and 0.1 cc 50% dextrose orally. A staff member called Shalmarie later the same afternoon and Shalmarie informed us Payton is staying overnight at Southern Arizona Veterinary Specialty and ER Center (SAVSEC) and that she would call us and give updates. She also mentioned that the pup is doing well.

I received a call from the doctor at SAVSEC on Wednesday 8-7-19 regarding Payton's Pistol. The doctor questioned my use of 10 cc Gentocin (100mg/ml) to flush the abdomen. I told her this was a mistake in the medical record and that I indeed did not use 10 cc of Gentocin in a 60 cc flush but rather used 2 cc Gentocin (100mg/ml) in 10 cc of warmed LRS to flush the abdomen prior to closure. The doctor informed me she didn't have an explanation for the signs Payton was displaying.

On Thursday 8-8-19 the complainant called Jessica, one of our technicians, on her personal phone to inform her she has decided to have Payton humanely euthanized due to the grave prognosis given by SAVSEC. Jessica called ACVS to let the staff know of Shalmarie's decision.



A message was left with the front desk by the complainant on Friday 8-9-19 asking me to call when I had a moment. On Friday evening 8-9-19 I returned the complainants call but was only able to leave a voicemail.

Shalmarie called the following week to inform me of her disappointment in my services and threatened to take matters further. She also insisted that I had never returned her call which of course I had.

In response to section F of complaint

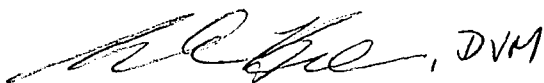
1. I do not feel I need to refund the complainant's payment for services provided by my clinic.
2. I do not feel I need to pay the emergency bill from SAVSEC nor the purchase of a new bitch as I have done nothing below standard of care in the treatment of Payton's Pistol.
3. I did in fact offer the complainant my sincere condolences for the loss of Payton and her pup.
4. I agree with the complainant that I never provided her with records.

In response to the certified letter I received:

1. I performed a C-section on Payton's Pistol at or above standard of care.
2. I must add that my technician Jessica is one of the most compassionate people I know. She by no means was heartless regarding the loss of Payton's pup. In fact she told me she was crying and saying how sorry she was when she returned the body to Shalmarie in the bed that the pup was dropped off in. The pup was never in a cardboard box.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Monika Knoblich, DVM'. The signature is fluid and cursive.

Dr. Monika Knoblich



**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039

VETBOARD.AZ.GOV

**INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona Veterinary Medical Examining Board

**FROM:** PM Investigative Committee: Adam Almaraz - Chair  
Amrit Rai, DVM  
Brian Sidaway, DVM  
Cameron Dow, DVM  
William Hamilton

**STAFF PRESENT:** Tracy A. Riendeau, CVT – Investigations  
Dawn Halbrook – Compliance Specialist  
Mary Williams – Assistant Attorney General

**RE:** Case: 20-45  
Complainant(s): Shalmarie Tulk  
Respondent(s): Monika Knoblich, DVM (License: 6358)

**SUMMARY:**

Complaint Received at Board Office: 11/6/19  
Committee Discussion: 1/7/20  
Board IIR: 2/19/20

**APPLICABLE STATUTES AND RULES:**

Laws as Amended August 2018  
(Lime Green); Rules as Revised  
September 2013 (Yellow)

On August 1, 2019, "Payton's Pistol," a 19-month-old female Pembroke Welsh Corgi was presented to Respondent with reports the dog had been in labor for 5 hours. The dog was examined and meloxicam and oxytocin were administered. No pups were produced therefore Respondent recommended a Cesarean Section; Complainant declined due to financial constraints.

Complainant returned later that day and requested the Cesarean section be performed. Later that evening, Respondent performed surgery on the dog, which produced one live pup and one deceased pup.

The following day, the dog was presented to Respondent for vomiting and ataxia. SQ fluids were administered and the dog was discharged.

On August 5, 2019, the dog was still not eating well therefore an appetite stimulant was dispensed.

The following day the dog was still not doing well. Respondent examined the dog; blood work revealed elevated kidney values and referral to a 24 hour facility was made.

Complainant agreed and the dog was hospitalized at an emergency premises.

On August 7, 2019, due to the dog's declining condition and grave prognosis, the dog was humanely euthanized.

**Complainant was noticed and appeared telephonically.**

**Respondent was noticed and appeared telephonically.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: *Shalmarie Tulk*
- Respondent(s) narrative/medical record: *Monika Knoblich, DVM*
- Consulting Veterinarian(s) narrative/medical records: *Titia L. King, DVM – SAVEC*
- Witness(es) Statement(s): *Raini Jo Bobb*

## **PROPOSED 'FINDINGS of FACT':**

1. On August 1, 2019, the dog was presented to Respondent, without an appointment, due to being in labor since 5:00am that morning; Complainant stated the dog had been pushing for approximately 5 hours. Upon exam, the dog had a weight = 32.6 pounds, a temperature = 98.9 degrees, a heart rate = 110bpm and a respiration rate = panting; the dog was hypersalivating and had a moderately engorged mammary chain. Respondent could feel a fetus at the tip of her finger on vaginal exam; the fetus was in normal presentation. Abdomen palpated unremarkable – possibly only one pup present.

2. Respondent stated that gentle massage of the cervix did not produce contractions and she administered meloxicam 0.6mLs SQ (5mg/mL) and oxytocin 0.5mLs SQ. The dog actively pushed post oxytocin but digital vaginal exam revealed fetus had not progressed into the pelvic canal. Respondent's assessment was suspected fetomaternal disproportion and highly recommended a Cesarean section. Complainant was presented with an estimate, which she declined. Complainant advised that she would monitor the dog until 3:00pm and if no activity, she would bring the dog back for surgery. Respondent expressed concern that she may not have time to perform the surgery later and warned Complainant of prognosis for survival of the pups and dog would decline the longer she waited to do Cesarean section. She stated in her narrative, that she advised Complainant to call other veterinarians or take the dog to an emergency facility.

3. At 3:00pm, Complainant returned with the dog and requested the Cesarean section be performed. Respondent explained that the procedure would need to be performed after hours and Complainant would need to pick up the dog afterwards as they do not have overnight staff. The dog would likely be groggy at pick up, post anesthesia.

4. An IV catheter was placed and the dog was started on Lactated Ringers Solution. The dog was masked down with isoflurane and oxygen, intubated and maintained on isoflurane and oxygen. The dog was administered Cefazolin 300mg IV slowly. After the abdomen was clipped and prepped, Respondent made a ventral midline incision; localized and exteriorized the uterus and an incision was made over the left horn to remove the 1<sup>st</sup> pup. The second pup was milked from the cervical region to the rent in the left horn for removal. A tear in the region of bifurcation of horns occurred during the removal of the second pup. The uterus and the tear in the bifurcation were closed and the abdomen was flushed with warm Lactated Ringer's Solution

(60cc) with 10cc of gentacin (100mg/mL) – Respondent later corrected this entry, stating the abdomen was flushed with 2cc of gentacin in 10cc of warmed LRS flush. The dog's abdomen and skin were closed.

5. Anesthesia was started at 5:15pm and ended at 6:09pm. The first pup removed survived and the second pup was dead on removal.

6. Blood was collected prior to surgery but tested at 6:21pm after the C-section (time indicated on blood work print out) and revealed the following abnormalities:

Glucose	141	60 – 110
WBC	17.02	6 -17
Neuts	14.10	3 – 12
RBC	5.31	5.5 – 8.5
MCH	25.1	19.5 – 24.5
MCHC	35.4	31 – 34
MPV	13.3	3.9-11.1

7. The dog was discharged that evening with meloxicam 1.5mg/mL (5) and Clavamox 375mg tablets (10). These medications were not documented in the dog's medical records on the day dispensed, only on a copy of an invoice; therefore there were no instructions on frequency to be given or route of administration (this information is written in the medical record on 8/2/19 when the dog was presented for a follow-up exam). The dog was to return in 14 days for staple removal.

8. The following day, hospital staff called to get an update on the dog. There was no answer and the voicemail box was full. However, Complainant called later to report that the pup was nursing but the dog had vomited several times and was wobbly. She was advised to bring the dog in to be seen.

9. The dog was presented to Respondent for a recheck exam. Complainant reported that the dog was wobbly but had improved; has not been eating, but did eat lunch meat this day and vomited the previous evening three times – mostly water. Upon exam, the dog had a weight = 31.8 pounds, a temperature = 101.5 degrees, a pulse rate = 100bpm and a respiration rate = 32rpm. Respondent noted the dog was ataxic in the backend but otherwise BAR. The pup was nursing well; there was mild vaginal discharge – dark red/brown in color. Respondent administered SQ fluids – LRS (amount not documented in medical record – 400mLs according to narrative) and 1cc vitamin B12 SQ. The dog was discharged with instructions to take to an emergency facility if no improvement.

10. On August 5, 2019, Complainant presented the pup to Respondent for tail dock and dewclaw removal. No exam noted on the pup. A hemostat was used to clamp the right and left dewclaw and remove with digital manipulation. A scissor was used to make inverted V incision at proximal aspect of tail through skin and SQ and then through IV space. Sutured closed.

11. During this visit, according to Respondent's narrative, Complainant reported the dog was still not eating well therefore she sent home an appetite stimulant – Entyce. This information is not noted in the medical record, only on a copy of an invoice submitted.

12. On August 6, 2019, the dog was presented to Respondent due to no improvement. The dog was not eating or drinking and was vomiting all night. Upon exam, the dog had a weight = 28.4 pounds, a temperature = 100.9 degrees, a pulse rate = 120bpm and a respiration rate = 25rpm; tacky mucous membranes. Respondent noted the dog was QAR, depressed and her head was twitching. Blood was tested and revealed the following abnormalities:

BUN	155	7 – 25
CA	13.9	8.6 – 11.8
CRE	18.4	0.3 – 1.4
GLU	118	60 – 110
K+	3.1	3.7 – 5.8
TP	9.5	5.4 – 8.2
GLOB	5.7	2.3 – 5.2
WBC	18.56	6 – 17
MON	0.19	0.20 – 1.50
NEUT	16.99	3 – 12
HGB	19.8	12 – 18
HCT	58.36	37 – 55
MCH	25.1	19.5 – 24.5

13. Respondent's assessment was acute kidney disease and recommended referral to an emergency facility; Complainant agreed. Respondent administered the dog 200mLs LRS SQ and dissolved sugar in water (amount unknown) to administer rectally to the dog.

14. Respondent stated in her narrative that the pup was dehydrated and weak therefore she administered 10mLs LRS SQ and 0.1 mL 50% dextrose orally to the pup. No documentation of the pup's evaluation in the medical record.

15. Later that day, the dog was presented to Southern Arizona Veterinary Specialty & Emergency Center for evaluation and treatment. The dog's initial diagnosis was severe azotemia and there was initial concern for progression to anuria as only a scant amount of urine was produced during the day. Aggressive fluid therapy was started and an indwelling urinary catheter was placed to monitor urine production; it was noted that the dog was producing very little urine. Furosemide CRI was started; minimal response was noted therefore was discontinued.

16. Dr. Barrett-Narito had reached out to Respondent to verify dosing of gentocin (76mg/kg?) due to a concern for nephrotoxicity. Respondent's receptionist placed her on hold and never picked up – Dr. Barrett-Narito would try to call again later.

17. The following day (8/7/19), Dr. Barrett-Narito spoke with Respondent to discuss the gentocin lavage and requested any pre-op lab work. Respondent advised that the gentocin dose written on the surgical report was incorrect and the dog was only given 2mLs of gentocin + 60mLs LRS. Dr. Barrett-Narito advised Respondent of the concern for nephrotoxicity, and was uncertain if it was the definitive cause but wanted to double check the dosing. Respondent also advised Dr. Barrett-Narito that there were no pre-op blood work performed due to Complainant's financial constraints (Respondent submitted blood work for the dog dated 8/1/19; 6:21pm).

18. Complainant was updated with the dog's status: The dog continued to decline; she was not eating, kidney values were declining and the dog was not producing urine adequately. Complainant was advised of the dog's poor prognosis and recommendation for dialysis in San

Diego. Complainant declined due to financial constraints. Treating veterinarian, Dr. King, explained that humane euthanasia was also an option. Complainant called back and elected to humanely euthanize the dog due to the grave prognosis.

19. Complainant expressed concerns that Respondent's use of gentocin caused the death of the dog. She also stated that she was not given a copy of the dog's medical records when requested. Respondent admits to never providing Complainant with a copy of the dog's medical records.

### **COMMITTEE DISCUSSION:**

The Committee discussed that they had serious concerns with this case; medical record issues and the acute kidney failure that could have been related to the gentamicin administration. Gentamicin is not used that much anymore in small animal medicine due to its toxicity. If it is going to be used, there needs to be pre and post administration IV fluids, the assurance of proper dosing, monitoring of the urine post administration – almost none of which was done. The dosage that Respondent gave was anecdotal based on experience and the dose was higher than the recommended dose. The Committee commented that this is not evidence that this caused the dog's kidney failure.

The pre-surgical blood work showed the kidneys were good -- the lavage was done with 2mLs of gentamicin and 10mLs of LRS. This was not administered IV; it was put into the abdomen prior to closure and some of the fluids likely trickled out, affecting the amount that was absorbed into the blood stream.

This was not a healthy dog; it was a pregnant dog, under anesthesia, that had a C-section and was possibly hypovolemic and was most likely hypotensive at some point during surgery. The dog had meloxicam pre and post operatively, which is also a kidney nephrotoxic drug, therefore the gentamicin is concerning.

Respondent has a mixed practice and having gentamicin on hand for large animals is understandable. However, the use in small animals can have some serious dangers associated with it.

The Committee discussed that putting gentamicin in an abdominal lavage in any surgery is not the standard of care. Surgeons that perform surgery on a regular basis do not do that and it is not acceptable. There was no indication to do it; there was no serious infection that Respondent knew gentamicin would take care of. There was some leakage from the placenta but that is presumable sterile.

The Committee further discussed that they had concerns with the lack of care and/or documentation of the dog's puppy. There was no exam performed. Additionally, the medical records were lacking documentation for medications dispensed.

The Committee discussed that the amount of time that passed from when it was recognized that the dog needed a C-section was a significant risk factor of the puppies dying. The puppy sitting in the canal for approximately 10 hours was not good. However, it should not have put the

mother's life in danger and could have survived that easily. The choice to delay the surgery was not Respondent's. It was not the cause the dog's kidney disease.

It would have been helpful to have a kidney biopsy.

The Committee discussed that due to the amount of medical record keeping concerns that it could be a bigger problem.

#### **COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that possible violations of the *Veterinary Practice Act* occurred.

#### **COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board find:

*ARS § 32-2232 (12) as it relates to AAC R3-11-501 (1) failure to use current professional and scientific knowledge in the administration of gentamicin, and its route of administration, in a patient that had significant risk factors that could potentially lead to toxicity.*

*ARS § 32-2232 (21) as it relates to AAC R3-11-502 (L):*

- *(7) for failure to document the dispensing of Clavamox and meloxicam on August 1, 2019 and Entyce on August 5, 2019; and*
- *(7) (b) for failure to document the amount of SQ fluid administered to the dog on August 2, 2019.*

*ARS § 32-2232 (21) as it relates to AAC R3-11-502 (L):*

- *(2) for failure weigh the puppy on August 5, 2019 and document it in the medical record; and*
- *(4) for failure to perform an exam on puppy on August 5, 2019 and document it in the medical record.*

*ARS § 32-2232 (18) as it relates to AAC R3-11-501 (8) for failure to provide a copy of the dog's medical record to the pet owner in a timely manner.*

**Vote:** The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.



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Tracy A. Riendeau, CVT  
Investigative Division